

The Nebraska Department of Health and Human Services

Helping People Live Better Lives



DHHS Overview

The Department of Health and Human Services (DHHS) provides important and oftentimes life-sustaining services to Nebraskans.

Our mission, "Helping people live better lives," provides the motivation to effectively provide these services and make a difference in the lives of so many people.

Values and Core Competencies guide how we work in order to achieve our mission and effectively implement the state- and federally-mandated programs and services that serve Nebraskans.

DHHS is Nebraska's largest state agency,

responsible for nearly one-third of state government in terms of employees and budget.

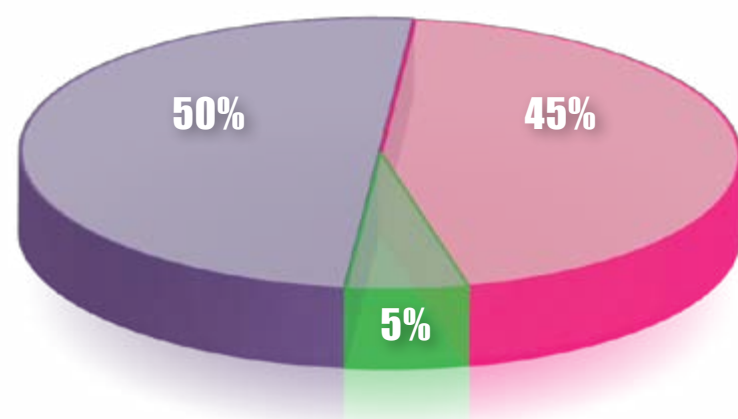
The agency has six divisions, with the division directors reporting to a Chief Executive Officer. The divisions are Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health and Veterans' Homes. Communications and Legislative Services, Information Systems and Technology, and Legal Services also report to the CEO. In addition, a Chief Operating Officer oversees Financial Services, Human Resources and Development, Support Services, Internal Audit and

Operations Consulting.

The State of Nebraska Personnel Almanac reported 5,522 full time equivalent employees for DHHS at the end of December 2013. This includes staff in offices and ten 24-hour facilities located across the state. More than 2,300 of those employees provide care to Nebraska's most vulnerable citizens in ten, 24-hour facilities.

Expenditures to support programs and services for FY 2014 totaled \$3,030,721,035. The funds came from three sources: federal funds (50 percent), state general funds (45 percent), and cash funds (5 percent).

Where Does DHHS Get its Funding?



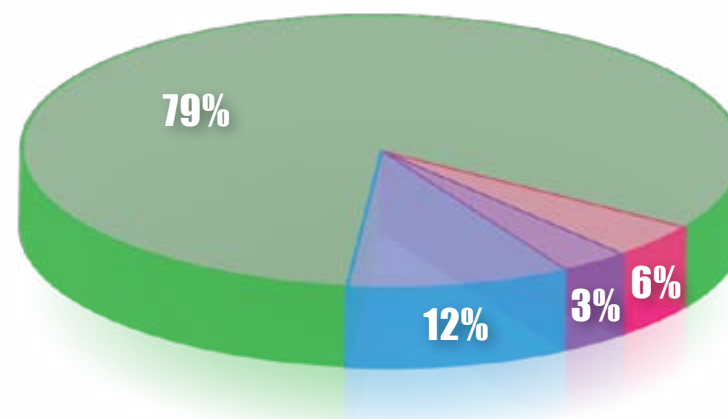
■ Federal Funds ■ State General Funds ■ Cash Funds

More than three-fourths (79 percent) of DHHS expenditures were for cash benefits and services to Nebraskans. Six percent was for state-operated services, such as the Beatrice State Developmental Center, three Regional Centers, four Veterans' Homes and two Youth Rehabilitation and Treatment Centers. Three percent was to provide population-based services, including public health prevention and promotion activities. Twelve percent went for

administrative services, including the functions of determining eligibility for agency programs, the protection and safety of children, and service coordination.

The two guiding principles for managing the department's budget are transparency and accountability. As a public agency, DHHS has a responsibility to use citizens' tax dollars wisely and to uphold the highest standards of fiscal integrity.

Where Does the Money Go?



■ Population Based Services
■ State Operated Services
■ Administrative Services
■ Client Benefit and Services



From Kerry Winterer, CEO

I'm pleased to present this year's annual report for the Nebraska Department of Health and Human Services. The report highlights DHHS' major accomplishments for fiscal year 2014 (July 1, 2013–June 30, 2014).

We developed this report to introduce you to what we do and to provide an overview of the programs and services unique to DHHS. If you are looking for more detailed information, click on any of the interactive weblinks embedded in the copy.

Thank you for taking a few minutes to review this annual report. We hope it will be a good resource for you now and in the future.

Sincerely,

Kerry T. Winterer, CEO

Department of Health and Human Services

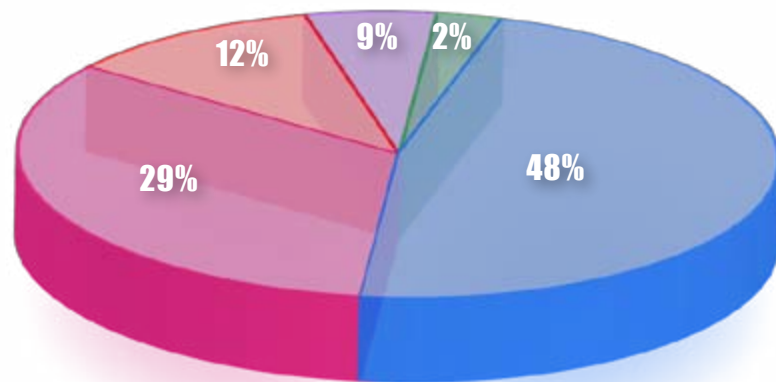
Division of Behavioral Health

Peace of Mind



Division of Behavioral Health

Fiscal Year Behavioral Health Appropriation



■ Community Aid Regions ■ LRC, & HRC

■ Other Community Aid ■ NRC ■ BH Administration

Approximately 62,000 adults in Nebraska have a serious mental illness, an often misunderstood but common health condition that causes changes in a person's thinking, mood and/or behavior. About 134,000 Nebraskans have a substance use disorder. The [Division of Behavioral Health](#) provides hope for Nebraskans in need and connects them to treatment and community-support systems throughout the state.

The Division of Behavioral Health is the behavioral health authority for the state and directs the administration and coordination of the public behavioral health system. It links with more than a dozen other systems of behavioral health care.

Responsibilities include:

- ♦ Administration and management of the Division, three Regional Centers, and community-level programs;
- ♦ Comprehensive statewide planning for community-based behavioral health services and continuum of care;
- ♦ Coordination and oversight of Regional Behavioral Health Authorities, and;
- ♦ Promotion of activities in research and education to improve the quality of behavioral health services, recruitment and retention of behavioral health professionals and access to behavioral health programs across health care systems.

Community Services

Behavioral Health's Community Services section contracted for

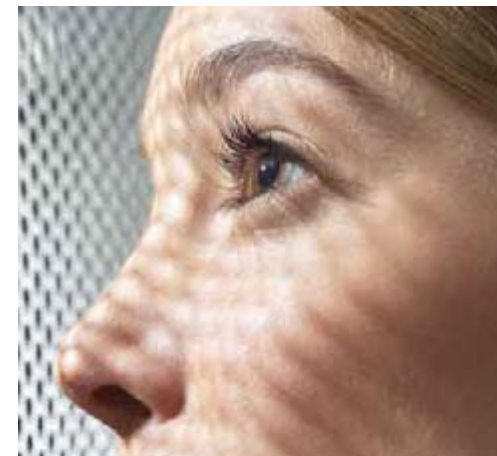
\$76.9 million in funding to the six local [Behavioral Health Regions](#), and \$13.1 million to other community providers. The Division contracted directly with community providers for treatment and prevention services and other supportive services, like housing, employment and advocacy, to help people achieve and maintain recovery in their home communities.

Regional Centers

The Division operates three Regional Centers, or psychiatric hospitals. The [Lincoln Regional Center](#) provides treatment to those who are there ordered by the court, general psychiatric services for those committed by a mental health board who can't be served in a community setting, and sex offenders. The [Norfolk Regional Center](#) provides treatment to sex offenders while the [Hastings Regional Center](#) provides chemical dependency/addiction treatment to male youths involved in the juvenile justice system.

Accomplishments

In 1955, the census at the three Regional Centers reached an all-time high of 4,746 people. Today, these hospitals combined serve approximately 300 people, mainly because of Nebraska's successful Behavioral Health Reform (LB 1083, 2004). Behavioral health reform achievements include a statewide increased capacity to serve people nearer to the home community, enhancements to existing services, an increase in community involvement and far less



community dependence on the regional centers for general psychiatric treatment.

The number of people waiting to receive mental health services at the Lincoln Regional Center is low, as more people are provided services in their home communities.

DHHS has an easy-to-use website for people with mental illness, their caregivers and service providers. The [Nebraska Network of Care](#) is a resource that lets people access information about treatments, resources and diagnoses, insurance, etc. Consumers can also choose to communicate directly with others and to organize and store personal health records. In FY2014 the site had more than 98,000 visitors.

The [Family Helpline](#) (888-866-8660) has received more than 18,000 calls since its inception in 2010 from families seeking assistance for their child or youth experiencing behavioral health challenges. Almost 60 percent of families surveyed reported improved family situations after their calls.

Did you know . . .

- ♦ More than 36,000 people are helped every year at an average cost of \$4,600 per person.
- ♦ Consumers' general satisfaction with services increased from 76 percent in 2008 to 85 percent in 2014.
- ♦ The percentage of high school students reporting they drank alcohol in the past 30 days declined from 53 percent in 1991 to 22 percent in 2013.
- ♦ The [Office of Consumer Affairs](#) has certified 258 peer support and wellness specialists.
- ♦ There were 125 fewer Emergency Protective Custody admissions compared to the previous year. The average number of monthly EPC admissions decreased from 235 to 224.
- ♦ The number of individuals committed by a mental health board decreased by 15 percent from FY2013 to FY2014, from 529 to 448.
- ♦ More than 500 people attended the annual Success, Hopes and Dreams conference sponsored by the Office of Consumer Affairs in May 2014.
- ♦ The 180-day readmission rate for a person leaving the Lincoln Regional Center and returning to any hospital in Nebraska was 5.6 percent, compared to a national average of 21 percent.

Division of Children and Family Services **Better Together**

Division of Children and Family Services



Progress continued on a number of initiatives to better meet the needs of Nebraska's citizens served by the [Children and Family Services \(CFS\) Division](#). The results of these efforts established a strong foundation for continued improvements in the future.

Protection & Safety

A five-year waiver of [Title IV-E funds](#) totaling \$152 million in federal and state money was announced by the federal government in October 2013. It provides DHHS flexibility to offer services that avoid out-of-home placement for children who are at low risk for abuse and neglect. Besides providing the usual foster care

payments, the funds will be used to launch two programs:

- ♦ [Alternative Response](#), an evidence-based assessment of families' strengths and needs, aims to increase positive outcomes for children and families and reduce trauma by providing non-court in-home services to the family; and
- ♦ Results-Based Accountability involves structuring provider contracts to measure the quality of service to children and families and the impact on their lives.

In another significant development, the [number of state wards in Nebraska](#)

dropped at the end of June 2014, to 4,240. That's a 31 percent decline since March 2012, when the number was 6,121. The decline reflected the efforts of staff using Structured Decision Making (SDM), which helps case managers assess a child's risk for potential harm resulting in fewer children entering the system.

How well states work with state wards is appraised

by [six federal measurements of success](#). At the end of fiscal year 2014, DHHS met or exceeded four of six challenging goals: timeliness of adoption, permanency for children in foster care, absence of the recurrence of maltreatment and stability of placement. At the start of 2013 DHHS exceeded only two. This success shows that CFS is finding ways to help children and families while working to keep children safely at home.

Backing these advances is an effective [Continuous Quality Improvement process](#) involving the analysis of data by employees and administrators. Monthly meetings at the local and state levels focus on improving critical

areas which provide solutions that are applied statewide to ensure children and families are provided the highest level of care and economic support.

Economic Assistance

Client eligibility determination for Medicaid was moved from CFS to the Medicaid and Long-Term Care Division effective July 1, 2013, to align responsibilities within each division. The change allowed CFS ACCESS-Nebraska employees to focus on fewer programs. Client call wait times at the Fremont and Scottsbluff Customer Service Centers dropped. Surveys showed an increase in client satisfaction, and a decrease in complaints. With local offices also staffing up after the passage of LB 825 in 2012, accessibility for clients increased.

Training was adapted to better support staff learning, and the best practices of high-performing employees were identified and new procedures were developed for all ACCESSNebraska staff. To improve service to clients, out-side experts and federal partners provided advice on achieving greater service efficiencies. Meeting the needs of particular audiences, social service workers were assigned to work with the elderly, refugees and the homeless clients.

Quality control measures also helped to identify areas needing more attention and possible solutions. By the end of June 2014, call wait times had decreased to under 15 minutes.

The federal government announced that DHHS' [Temporary Assistance for Needy Families \(TANF\)](#) program was ranked number one nationally based on TANF participants' entry into the job market, retention of their jobs, and earnings gains from employment in 2011.

At the end of the fiscal year, the [Supplemental Nutrition Assistance Program \(SNAP\)](#) provided monthly benefits to persons in 78,000 households who were eligible for \$24.8 million.

DHHS Child Care partnered with the Nebraska Department of Education to implement a program called Step Up to Quality. Its goal is to create a quality rating and improvement system for early childhood programs. Enabling legislation, LB 507, was passed in 2013.

A new electronic child care claims system for the state's 4,500 providers was successfully implemented. The system is more efficient and sends payments more quickly to child care providers. Child care support was provided to an average of 18,629 families each month totaling \$91 million.

Grants of usually less than \$1,000 in federal funds were awarded to 275 child providers to assist them in starting a child care service or making improvements to existing child care

Division of Children and Family Services



centers. Start-up grants totaled \$124,565, and mini-grants for improvements were \$54,207, and an additional \$10,309 was awarded for Quality Improvements and \$298 for non-licensed providers.

[Child Support Enforcement \(CSE\)](#) continued its consistent, high national rankings in performance. CSE remained among the top 10 states in the country for the collection of support payments, as well as the top 20 states for collections on cases in arrears. Historically, CSE has received the maximum federal incentive amounts for three of five federal performance measures, and three of four performance incentive goals.

There were a total of 106,611 child support cases in the state, which was lower than the previous year by about 0.7 percent, and 92,901 court orders for child support. DHHS established paternity for 8,445 children. A total of about \$197 million was disbursed to families, and 99 percent of that amount was processed within the two-day federal time limit.

The CSE Customer Service Call Center in Wausa answered more than 280,000 phone calls.

Office of Juvenile Services

Auditors from the American Correctional Association (ACA) reviewed the operations at the [Youth Rehabilitation and Treatment Centers in Kearney](#) for young men and [Geneva](#) for young women.

The [auditors found the YRTC-Kearney](#) 100 percent compliant on 38 mandatory requirements, and 99.2 percent compliant on 333 non-mandatory requirements. This ranking was a new high for YRTC-Kearney. ACA again accredited the facility.

Their report praised staff and noted that youth were positive about the educational and vocational programs, and recreation program. They found EQUIP, an evidence-based program, motivates youth to learn social skills and prepare them to be productive citizens. Both youth and staff said they feel safe.

ACA's auditors will announce in February 2015 the accreditation status of YRTC-Geneva. [After their review this fall](#), they reported that YRTC-Geneva was 100 percent compliant on 38 mandatory requirements and 99.69 percent compliant on the 333 non-mandatory requirements.

Auditors were impressed with the staff's professionalism, program knowledge and communication, and their commitment to the philosophy of the program. YRTC-Geneva's My Journey program, which helps youth identify personal goals, was praised for its individualized approach. They said the young women believed YRTC-Geneva was providing skills that would be helpful when they return to their community, and residents were very comfortable with staff.



Division of Developmental Disabilities Fostering Independence



Division of Developmental Disabilities



Photo by
Chad Madson

The [Division of Developmental Disabilities](#) administers publicly-funded community-based disability services.

Thirty-five certified community-based developmental disability service providers offer residential and day habilitation services for eligible individuals with developmental disabilities (DD) who choose community living. The Division also operates programs providing direct services for individuals with DD.

Responsibilities include:

- ♦ [Determining eligibility for services](#)
- ♦ Providing service coordination for eligible individuals
- ♦ [Certifying provider agencies](#)
- ♦ Regulating and paying providers of community-based developmental disabilities services

- ♦ Operating direct service programs in Beatrice and Hastings
- ♦ Providing technical assistance and training
- ♦ Investigating complaints
- ♦ Publishing and distributing the [Sower newsletter](#)

Community-based Services

The majority of people receiving services through the Division live, work, volunteer and recreate in communities large and small across the state. A snapshot of current services and those served in FY 2014 includes:

- ♦ Approximately 4,974 individuals served
- ♦ 4,416 individuals used specialized services in the community
- ♦ 796 individuals used non-specialized services in the community, which are self-directed

- ♦ 250 children received services
- ♦ The Division administers three Home and Community-Based Services (HCBS) Medicaid Waivers
- ♦ The Division collaborates with other agencies, providers, families and self-advocates, increasing opportunities for individuals with DD to access the most integrated, least restrictive services and supports.

Community Integration & Employment

[Home and community-based services](#) provide opportunities for people with DD to receive services in their own home or community. Services are person-centered, focusing on each individual's hopes, dreams, preferences and goals. The Division works to maximize a person's access to the benefits of community living and employment, emphasizing services in the most integrated setting where persons with disabilities interact with persons without disabilities who are not paid service providers.

A survey comparing 2013 to 2007 shows that Nebraskans with DD are experiencing increased participation in integrated employment, volunteer and recreational opportunities.

- ♦ 1,050 people were employed in an integrated setting in 2013 compared to 651 in 2007 – an increase of 399 people or 61 percent.
- ♦ 1,082 people were volunteering in an integrated setting in 2013 compared with just 380 in 2007 – an increase of 702 people or 185 percent.

- ♦ 2,964 people were involved in recreational activities in an integrated setting in 2013 compared with 1,510 in 2007 – an increase of 1,454 people or 96 percent.

Training & Community Outreach

The Division regularly shares best practices and lessons learned with community professionals and direct service providers. The Medical Professional Team at the [Beatrice State Developmental Center](#) provides dental, nutritional, medical and psychiatric consultations and support to the community at large. Highly qualified and specialized staff provide training across the state in functional behavioral assessment, physical and nutritional management and other topics relevant to supporting people with DD.

The Division coordinates educational opportunities across the state by regional and national experts in subjects including co-occurring developmental disabilities and mental illness, video modeling, vulnerable adult abuse, conducting serious incident investigations, transitioning to adulthood and maximizing the outcomes of inclusive education. The statewide [It's My Life! conference](#) in September 2014 featured national and local speakers and an attendance estimated at 600 participants, including individuals with DD, parents, guardians, service providers, agency administrators, educators, community professionals and others supporting individuals in living an enviable life.

A major support to provider agencies is Team Behavioral Consultation (TBC). A clinical team conducts on-site sessions involving observation, assessment, intervention, ongoing monitoring and follow-up for individuals who display behavioral challenges or may be in danger of losing placement in their current setting. Consultants provide ongoing support and outreach that result in stable placements and positive outcomes for all involved.

Direct Service Programs

The Division operates direct services for individuals through programs in Beatrice and Hastings. Approximately 120 people living in five intermediate care facilities for persons with developmental disabilities (ICF/DD) in Beatrice. While they live on a campus, they have complete access to the community. All of the individuals live and work in the community, and up to 40 percent work, volunteer or participate in recreational opportunities on a daily basis. The Bridges program supports



individuals with challenging behaviors in three beautiful homes in a community setting in rural Hastings. The men are an integral part of the community, working, volunteering and making a difference.

Division of Medicaid & Long-Term Care Ensuring Care

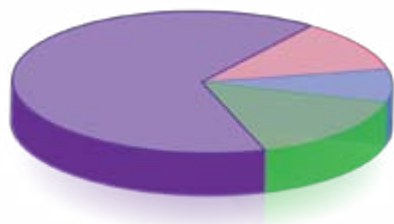


Division of Medicaid & Long-Term Care

Nebraska Medicaid and CHIP Average Monthly Eligible Persons by Category

TOTAL: 235,497

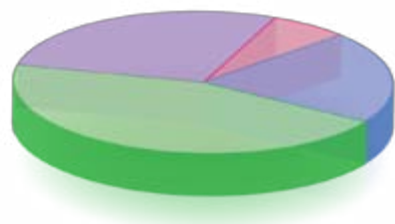
CHILDREN	- 153,413	- 65.2%
ADC ADULTS	- 26,855	- 11.4%
AGED	- 18,217	- 7.7%
BLIND & DISABLED	- 37,012	- 15.7%



Nebraska Medicaid and CHIP Vendor Expenditures by Eligibility

TOTAL: \$1,829,911,570

CHILDREN	- \$506,527,210	- 27.7%
ADC ADULTS	- \$120,499,734	- 6.6%
AGED	- \$381,224,917	- 20.8%
BLIND & DISABLED	- \$821,659,709	- 44.9%



The [Division of Medicaid and Long-Term Care](#) (MLTC) administers Medicaid and the [Children's Health Insurance Program](#) (CHIP). Both provide coverage for low-income children. Medicaid also covers low-income pregnant women, the elderly, people with disabilities, and some parents. MLTC also manages [Home and Community-Based Services](#) that allow elderly and people with disabilities to stay in their homes or community settings, and the [State Unit on Aging](#) that funds meals, care management and other services for elderly clients.

FY 2014 Initiatives include:

Transition of ACCESSNebraska Medicaid Eligibility

[ACCESSNebraska](#) includes online application and review of benefits for

Medicaid, CHIP and economic assistance programs, toll-free customer service centers and services in local offices. In 2013, the Medicaid/CHIP responsibilities moved from the Division of Children and Family Services to MLTC. Staff transferred on July 1 and new toll-free telephone numbers were effective October 1. A new Medicaid application, consistent with federal Affordable Care Act (ACA) requirements, was effective January 2014.

Medicaid Managed Care

Medicaid Managed Care, through contracts and provider networks with insurers, focuses on preventive health care, coordinates client health care services, and reduces costs resulting in improved quality, access to care, and fiscal sustainability of the Medicaid program.

Physical health managed care started in 2007 and expanded statewide in 2012. The current contractors are Coventry Cares, United Health Care Community Plan and Arbor Health Plan. Dental, transplants, hospice and non-emergency ambulance services will be provided by the physical health plans effective July 1, 2015. The pharmacy benefit is anticipated to be provided in 2017.

Behavioral health managed care, effective Sept. 1, 2013, decreases reliance on emergency and inpatient care; promotes recovery-oriented systems of care; and increases evidence-based treatment, outcome-driven community-based programs and coordination between providers. The contractor is Magellan.

Managed care for long-term care services and support planning began in 2013. The goal is to improve client choice, health and quality of life through better coordination of medical care, behavioral health care and community-based services. The effort includes an advisory council and public input and will be implemented in 2018.

Implementation of the Federal Affordable Care Act (ACA)

In July 2013, the Centers for Medicaid and Medicare Services (CMS) released guidance for several Medicaid/CHIP eligibility provisions required by the ACA. The **new eligibility regulations** took effect Jan. 1, 2014. These include the use of Modified Adjusted Gross Income for several covered populations

rather than net standards that include income disregards.

The ACA includes **enhanced provider screening and enrollment** requirements for Medicaid providers that treat, order, refer and prescribe services. MLTC issued a request for proposals to contract with a vendor for application and fee collection, database screening, site visits and other mandated requirements. MLTC is currently completing the procurement process.

The ACA requires changes to state Medicaid **eligibility and enrollment** systems. Because Nebraska's current system cannot meet the requirements, a replacement process began in FY 2013 resulting in two requests for proposals with contracts awarded in FY 2014: Wipro, LLC, was selected as the system integrator for the Enterprise Eligibility Solution and First Data was selected for Independent Verification and Validation of the project.

The ACA requires states to contract with a **Recovery Audit Contractor** (RAC) to reduce erroneous payments, identify and recover overpayments, and identify underpayments. MLTC contracted with HMS to develop and implement Nebraska's RAC program. The first RAC audit began in March 2014 and additional audit scenarios have been identified. Some are in progress while others are being vetted for possible implementation.

Medicaid Information Technology Architecture (MITA) 3.0

MITA 3.0 is a CMS initiative to establish national guidelines for

information and technology. Each state must complete a MITA 3.0 self-assessment, which is underway by MLTC. All technology-related funding requests to CMS must reference MITA status and enhancements.

Medicaid Management Information System (MMIS) Replacement Project

Nebraska's MMIS, created in 1977, is no longer able to meet the demands of a changing Medicaid environment. The need for expedient program changes, improved claims processing functionality, and the ability to produce data are three of the necessary improvements. MLTC is currently analyzing options for upgrading or replacing the MMIS, which includes results of the MITA 3.0 state self-assessment.

ICD-10

The federal Department of Health and Human Services mandated states and providers to transition from the International Classification of Diseases Version 9 (ICD-9) to Version 10 for all Health Insurance Portability and Accountability Act (HIPAA) covered entities. Coding and changes to policy, forms and contracts has begun. External interface testing with providers began in April 2014 and will continue through implementation on Oct. 1, 2015.

The above items highlight major initiatives. Additional projects are in progress as a result of regulatory changes, process improvement initiatives, and program accuracy and efficiencies improvements.

Division of Public Health

Healthier Lives



Division of Public Health



Public health is a progressive field that's constantly changing with the goal for the good of the people. The [Division of Public Health](#) is committed to ensuring Nebraskans receive safe, effective, quality care as well as helping them live a healthy lifestyle throughout their entire lives.

State Health Improvement Plan

The Nebraska Public Health Improvement Plan, released in 2013, provides a roadmap for the future of public health. The plan focuses on several priority issues including reducing heart disease, stroke and cancer, strengthening and expanding health promotion programs in the state, and enhancing the integration of public health, behavioral health, environmental health and health care services. The goal is to

help people, families, communities and public health agencies work together to improve the health and quality of life for all Nebraskans.

Public Health Accreditation

Public health accreditation is a voluntary process with an overarching goal – improve and protect the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. Accreditation provides valuable feedback to health departments on strengths and weaknesses, provides increased credibility, enhances visibility and accountability and provides an opportunity to improve quality and performance of various programs. The Division of Public Health completed three prerequisites: State Health

Needs Assessment, State Health Improvement Plan and a Division Strategic Plan and submitted a letter of intent in September 2014.

First Nebraska Case of Mosquito-borne Virus - Chikungunya

The first Nebraska case of a mosquito-borne virus called chikungunya was reported to the DHHS in June. The person recently traveled to Haiti and public health officials believe she got the virus there. The virus is not spread person-to-person. Travel-related cases of chikungunya are becoming more common in the U.S. and DHHS expects to see additional cases in the future. Deaths from the disease are rare but the pain can be severe and debilitating.

Trusted Source of Health Data – Meaningful Use

The Division of Public Health is expanding the scope of electronic exchange of health information to strengthen current surveillance capabilities and improve the practice of public health in the state. Some of these projects include:

- ♦ [Nebraska's Immunization Registry](#) – secure, statewide, web-based system developed to connect and share immunization information among public clinics, private provider offices, local health departments, schools, hospitals and other health care facilities. With the registry, physicians, parents and patients can immediately access and print immunization records.

- ♦ **Syndromic Surveillance** – Near real time, emergency department and hospital inpatient data. Information that can play a critical role in understanding the health of Nebraskans.
- ♦ **Electronic Lab Reporting** – Near real time exchange of laboratory results for reportable communicable diseases.
- ♦ **Cancer data** – This is the newest health data project and a first for Nebraska. This will be the first time facilities can send cancer data from electronic health records directly into the state cancer registry.

New Child Care Regulations

New regulations for [Nebraska child care facilities](#) went into effect in May 2013. The regulations apply to every licensed child care program in the state. Some of the highlights include:

- ♦ **Communicable diseases** – parental notification and adherence to local public health authority directives.
- ♦ **Smoking** – prohibited in settings and vehicles.
- ♦ **Safe Sleep/SIDS Prevention** – training, back to sleep, nothing but baby in the crib.

Cultural Intelligence Training

The Division of Public Health's [Office of Health Disparities and Health Equity](#) continued to conduct its free Cultural Intelligence Training across the state. Cultural Intelligence Training offers participants an opportunity to

learn about different cultures and related health disparities including exploration of stereotypes and generalizations, historical events and perspectives along with related health issues. Here's what people had to say about the training:

"This is one of the greatest classes I have ever taken."

"... it is very apparent that the information you provided was interesting, relevant, and timely."

DID YOU KNOW?

Public health touches the life of every Nebraskan.

- ♦ Almost 65 percent of Nebraskans 50 years old and above have had a colonoscopy or sigmoidoscopy compared to only 38 percent a decade ago.
- ♦ The youth [smoking](#) rate in Nebraska decreased from 35 percent 1999 to 11 percent in 2013.
- ♦ Nebraska ranked in the top 10 nationwide for flu vaccine coverage in the 2013-2014 flu season.
- ♦ Nebraska's Women, Infant and Children's program serves about 40,000 women and children up to 5 years old.
- ♦ Nebraska's child restraint usage rate increased to 96 percent in 2013 compared to 56 percent in 1999.

Division of Veterans' Homes

Honoring Heroes

Department of Health & Human Services



Providing outstanding care and service to our veterans is top priority for DHHS' Division of Veterans' Homes. Employees at all four Nebraska Veterans' Homes provide a helping hand to our member veterans every day and treat the men and women who have served in the U.S. Armed Forces with the respect they deserve.

Division of Veterans' Homes



The [Division](#) operates four state veterans' homes in Nebraska located in Bellevue, Grand Island, Norfolk and Scottsbluff. With a total capacity of 637 beds, the four veterans' homes provide a variety of medical, nursing and rehabilitative services, tailored to the needs of their members. Services range from assisted living care for members able to essentially care for themselves, to skilled nursing care. Members' health care services are administered by dedicated nurses, physicians, dietitians, occupational therapists, speech therapists, physical therapists and other professionally trained personnel.

All four homes have a proud history of serving veterans.

In 2014, all Homes:

Received perfect scores for two consecutive years or more on their most recent annual Health Care System Surveys from the U.S. Department of Veterans Affairs. The facilities had no deficiencies in the areas of life safety, resident care, environment, staff training and development, dietary-food service, banking and billing services for veterans, recreation/activities, medical staff credentialing, social work, and all areas related to quality assurance and care. Survey teams from the U.S. Department of Veterans Affairs are typically an interdisciplinary team comprised of three RNs, a Registered Dietician and a Life Safety Code expert from various parts of the country.

The [Eastern Nebraska](#)

[Veterans' Home \(ENVH\)](#),

located in Bellevue, opened its doors to members in July 2007. The average daily census at ENVH in June was 113 members. Regarding accomplishments, last year the ENVH:

- ♦ Transitioned to electronic medical records which included scanning of all medical records and installation of kiosks on each nursing unit and dining room for electronic charting.
- ♦ Added portable computers to each nursing unit, facilitating bed side charting.

- ♦ Dedicated several memorial garden benches honoring past members and the culmination of six years of work with the formal opening of the Veterans' Memorial Garden.
- ♦ Added touch screen computers to assist members with physical limitations.
- ♦ Installed Wi-Fi internet access throughout the facility for family members and guests.

The [Grand Island Veterans' Home](#)

[\(GIVH\)](#), originally known as the Nebraska Soldiers and Sailors Home, opened in 1887 and was the first Veterans' home in Nebraska. The average daily census at GIVH in June was 210 members.

Accomplishments in 2014 include:

- ♦ Implemented digital dental X-ray which provides higher resolution and can take multiple images at a time, decreasing radiation exposure and eliminated use of chemicals for X-ray development.
- ♦ Implemented new software for Fox Hole canteen that uses a bar code scanner to do business transactions and help manage inventory.
- ♦ Implemented a sensory room in the special care unit to help members reduce anxiety and stress and increase enjoyment with aromatherapy, music, light displays, textured objects and more.
- ♦ Wi-Fi was introduced at GIVH, allowing visitors wireless access.
- ♦ Completed renovation of World War II building 2nd and 3rd floor and Phillips building.

The [Norfolk Veterans Home](#)

[\(NVH\)](#), had an average daily census in June of 144 members. Regarding accomplishments, last year the NVH:

- ♦ Held a Dedication Ceremony for Heroes Park Project.
- ♦ Held Dedication Ceremony for Memorial Flag Plaza Project.
- ♦ Fully implemented an electronic medical record system with wall kiosks, facilitating more timely and accurate documentation by staff.

- ♦ Continued the My InnerView Survey Tool to gather member and family feedback to identify achievements and opportunities for improvement.

The [Western Nebraska Veterans Home](#)

[\(WNVH\)](#), located in Scottsbluff, had an average daily census in June of 86 members. Regarding accomplishments, last year the WNVH:

- ♦ Installed Kiosks to further enhance Electronic Medical Record System.
- ♦ Implemented new pharmacy software program.
- ♦ Completed construction in the kitchen to improve efficiencies and initiated replacement of inadequate air conditioning systems.
- ♦ Installed smoking shelter for member safety.
- ♦ Increased census to more than 90 members at one point.

DID YOU KNOW?

- ♦ The Veterans' Homes post newsletters on-line. So . . . if you want to know more about everyday life at each of these facilities, visit our web pages.
- ♦ Veterans Day is celebrated in a variety of creative ways at the Nebraska Veterans' Homes, including starting the day by raising the American flag, followed by parades and Veterans Day programs open to the public, members and staff.

Operations

Behind the Service



Operations



Communications and Legislative Services handles public and internal communications including media relations, publicity/promotion, the DHHS website, social media, newsletters, productions and graphic design; coordinates legislative activities; and manages the DHHS Helpline. During FY 2014, the section responded to 750 contacts from news reporters. CLS actively monitored more than 100 legislative bills, providing testimony or information on many, with 28 passing that impact the work of the agency. The DHHS public website had 1.3 million unique users with more than 8 million page views. ACCESSNebraska and License Information System were accessed the most. People in the 18-34

age group account for 61 percent of website visitors. People are able to subscribe to specific webpages for updated information; over 325,000 unique subscriptions have been made by 37,908 people.

Financial Services provides support through budget activities, state and federal report preparation, accounting transactions, grant and contract support, claims processing, research, and financial and program analysis. Financial Services implemented electronic processing for payments and invoices transforming accounts payable to a paperless process, saving processing time, copying and storage costs.

Human Resources and Development includes support in recruitment and

hiring, retention, training, payroll, tuition assistance, and employee and labor relations. HRD developed and provided Serving People with Excellence training, based on DHHS values and core competencies, to 5,773 employees.

Internal Audit coordinates audit and review activities between DHHS and outside state and federal agencies, assists in financial reviews of contracts and sub-grants, and conducts ongoing reviews of internal procedures for accounting and data processing purposes.

Information Systems and Technology provides project management, ongoing support of information systems, network/hardware support, and internal help desk support for both system-specific and agency wide questions and concerns.

In FY 2014, the help desk responded to 184,606 calls and requests.

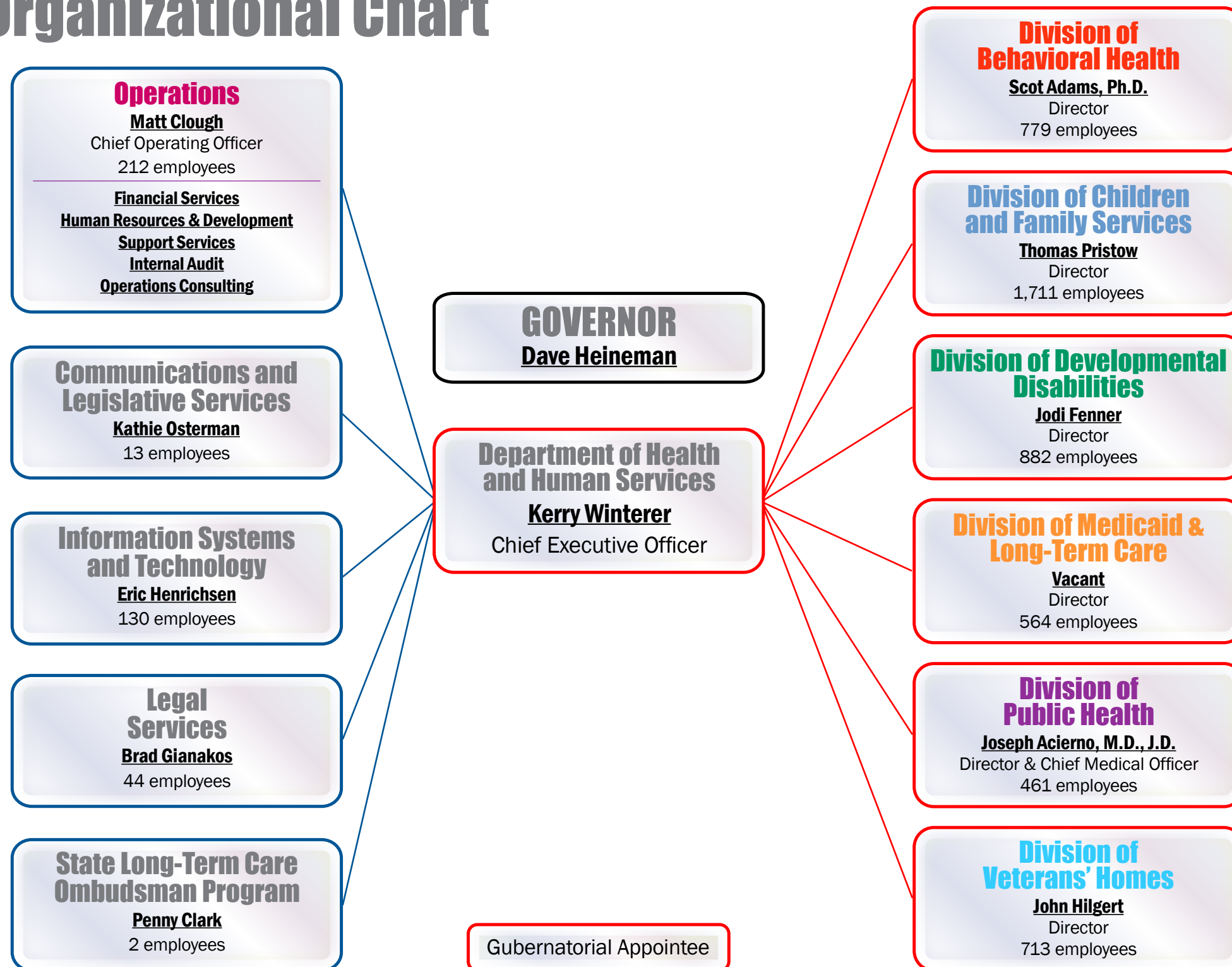
Legal Services provides legal advice to DHHS divisions and represents DHHS in administrative hearings and court cases. Legal staff draft and review legislation, rules and regulations, contracts and other documents. Legal Services opened 3,508 appeals during FY 2014.

Operations Consulting works with programs to identify opportunities to automate processes through an Enterprise Content Management system. These changes streamline processes, eliminate errors often resulting from manual processes, and allow employees to monitor workflow history. This has resulted in reduced printing expenses, storage expense and reliance on printed forms.

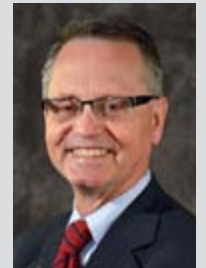
Support Services provides technical assistance and support to DHHS staff in purchasing, space allocation and design, vehicle management, facility support, records management retention and disposition, word processing, mail distribution, supplies, contract service and procurement, Spanish translation, and Americans with Disabilities compliance review and design. Support for buildings/offices included setting up temporary office space in Wayne after the office was damaged by a tornado; designing and relocating offices in Geneva, Lexington and Omaha; and designing approximately 200 office spaces as part of the ACCESSNebraska transition.

The **DHHS Helpline** responds to questions, concerns and complaints related to DHHS programs and services. For FY 2014, the Helpline received more than 14,300 contacts. The majority of contacts were phone calls (75.5 percent), with the remaining being email (23.9 percent) and personal contacts. Most contacts came from clients (47.5 percent) and most contacts (67.6 percent) concerned financial assistance. Ninety-one percent of the contacts were from Nebraska, 7 percent from other states, with the remaining contacts from outside the U.S. or unknown. Additional details about contacts to the Helpline can be found in the [Helpline Annual Report](#).

Organizational Chart



DHHS Leadership



Kerry T. Winterer
CEO



Matt Clough
COO



Scot Adams
DIRECTOR
Behavioral Health



Thomas Pristow
DIRECTOR
Children & Family Services



Jodi Fenner
DIRECTOR
Developmental Disabilities



Joseph M. Acierno, MD, JD
DIRECTOR
Public Health



John Hilgert
DIRECTOR
Veterans' Homes

Contact Information

General Information	402-471-3121
Economic Assistance	800-383-4278
Vital Records	402-471-2871
Child Support Enforcement	877-631-9973
Licensure	402-471-2115
Child Care Licensing	800-600-1289
Medicaid (Eligibility)	855-632-7633
Medicaid Home and Community Services	800-358-8802
Medicaid (provider inquiries)	877-255-3092
Child/Adult Abuse Hotline	800-652-1999
DHHS Helpline	800-254-4202
Family Helpline	888-866-8660

To see if you are eligible for economic assistance and/or Medicaid benefits or to apply for benefits on-line go to:

www.ACCESSNebraska.ne.gov.

For information about other services in Nebraska, call 2-1-1 or visit www.211.org.

Stay connected. DHHS is on [Facebook](#), [Twitter](#) and [YouTube](#).

Subscribe to our newsletters: [Connections](#) and [Highlights](#)

The Nebraska Department of Health and Human Services is committed to equal opportunity employment and does not discriminate in delivering benefits or services.

Produced and edited by Communications and Legislative Services with major contributions by Division representatives.

Designed by Cynthia Schneider

